

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595768

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7		1	1			
8		3	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
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TOTAL IND.	1		1			
TOTAL DEP.	13	←	13	←	←	
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						